STATEMENT OF

FORM 1		ORGANIZA (See instructions		N				
1. NAME OF COMMITTEE (i	n full)	(Check if name is changed)	Exar	nple: If typying, type the lines	12FE4M5	Office us	se only	
GRANT THO	RNTON LLP POL	ITICAL ACTION CO	омміт	TEF LLC		1 1 1		
ADDRESS (number an	125	0 Connecticut Ave	enue, N			 	 	<u></u>
•	Sui	te,400 , , , , ,						
(Check if addre X is changed)		shington			DC	2	0036 _ 2660	
		(CITY▲		STATE		ZIP CODE 📥	
COMMITTEE'S E-M	AIL ADDRESS (Plea	se provide only one e-m	ail addre	ess)				
(Check if address is changed)	ess							
COMMITTEE'S WE	B PAGE ADDRESS (URL)						
(Check if address is changed)	ess							
	لبا							
2. DATE M ₀	M / D D / 14	Y Y Y Y Y Y 2 0 1 1						
3. FEC IDENTIFIC	CATION NUMBER	C	C00	408260				
4. IS THIS STATE	MENT NE	W (N) OR	X	AMENDED (A)				
I certify that I have example or Print Name of		nd to the best of my know	ledge an	d belief it is true, correct ar	nd complete			
Signature of Treasur	er Electronically F	led by Trent Gazz a	away		Date 0	2 ^M / D	14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	1 1
NOTE: Submission of			-	ne person signing this Stat	·		U.S.C. §437g.	
Office Use Only				For further information Federal Election Commis Toll Free 800-424-9530			EC FORM 1 devised 02/2009)	